



## Pre-Paid Tobacco Product Tax Credit

Business Name	License No.	Date
Principal or Agent Name		Phone
Address		Fax
City	State	Zip

### Instruction for form preparation

1. Prepare in duplicate. Submit the original to Montana Department of Revenue, Customer Intake Process, P.O. Box 1712, Helena, MT 59604-1712. Retain a duplicate in company file for field audit purposes.
2. Credit claimed on schedule B for tobacco products tax pre-paid from previously submitted TP-101 reports must be substantiated with copies of the reported TP-101, and detailed inventory notes.

### Section 1 –Tobacco product tax credit reconciliation

1. Total pre-paid tobacco products tax  
(total line 3, column A, schedule A) ..... \$ \_\_\_\_\_
2. Total Pre-paid moist snuff products tax  
(total line 3, column B, schedule A) ..... \$ \_\_\_\_\_
3. Total add line 1 and line 2 ..... \$ \_\_\_\_\_
4. Discount rate..... 0.015 (1.5%)
5. Total tobacco product tax discount (multiply line 3 by line 4) ..... \$ \_\_\_\_\_
6. Tobacco product tax credit (subtract line 5 from line 3) ..... \$ \_\_\_\_\_

I hereby swear and affirm under penalty of false swearing that the information herein and attachments are true and correct to the best of my knowledge.

Print Name of Principal or Agent

Date

Signature of Principal or Agent

## Schedule A – Pre-paid tobacco products tax

For the period of \_\_\_\_\_

Business name \_\_\_\_\_ Phone \_\_\_\_\_

	Distributor					
Name	Address	Invoice ID	Date of Purchase	Date of Sales	Value of other tobacco products on memo (A)	Weight of moist snuff on memo (oz) (B)
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
					\$	OZ
1. Total pre-paid tobacco products credit value .....					\$	OZ
2. Tobacco products tax rates.....					0.50 (50%)	\$0.85 / oz
3. Total pre-paid tobacco products tax (multiply line 1 with line 2) Total value of column A on line 1, section 1, and column B on line 2, section 1 .....					\$	\$